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	ON OF TAXATION EMPLOYER'S QUARTERL	
I certify that the information and stat true and correct.	ements contained herein, and in any schedules or exhibits attac	ched are Wages Paid This Quarter \$
(SIGNED)	DATE	Less Amount Previously Paid in for This Quarter
TITLE (Pres. Treasurer, Partner, etc.)	FOR QUARTER ENDING	3 Adjustment of Tax For Prior Quarter
	PARMA ACCOUNT NUMBER	Interest at 1 1/2% for each month or fraction thereof for late payment
		5 Penalty at 10% for each month,
		or traction thereof for late payment
		Total (include interest and penalty due) If no wages paid this Quarter mark NONE and return this form with explanati
		MAKE CHECK PAYABLE FOR THE YEAR AND MAIL THIS FORM TO: CITY OF PARMA DIV. OF TAX
		P.O. BOX 94734 CLEVELAND, OHIO 44101-4734 RETURN WITH PAYMENT
CITY OF PARMA - DIVISI	ON OF TAXATION EMPLOYER'S QUARTERL	Y RETURN OF TAX WITHHELD FORM PW-1
I certify that the information and stat true and correct.	ements contained herein, and in any schedules or exhibits attac	ched are Wages Paid This Quarter 1
(SIGNED)	DATE	Less Amount Previously Paid in for This Quarter
TITLE	FOR QUARTER ENDING	3 Adjustment of Tax For Prior Quarter
(Pres. Treasurer, Partner, etc.) FEDERAL EMPLOYER I.D. NO	PARMA ACCOUNT NUMBER	4 Interest at 1 1/2% for each month or
		Penalty at 10% for each month,
		or traction thereof for late payment
		6 Total (include interest and penalty due) If no wages paid this Quarter mark NONE and return this form with explanati
		TAXPAYER'S COPY FOR THE YEAR RETAIN FOR YOUR RECORDS YOU WILL NOT RECEIVE
CITY OF PARMA - DIVISI	ON OF TAXATION EMPLOYER'S QUARTERL	Y RETURN OF TAX WITHHELD FORM PW-1
I certify that the information and stat true and correct.	ements contained herein, and in any schedules or exhibits attac	ched are Wages Paid This Quarter 1 \$@ 2%
(SIGNED)	DATE	Less Amount Previously Paid in for
TITLE	FOR QUARTER ENDING	This Quarter Adjustment of Tax For Prior Quarter
(Pres. Treasurer, Partner, etc.) FEDERAL EMPLOYER I.D. NO.	PARMA ACCOUNT NUMBER	Interest at 1.1/29/ for each month or
FEDERAL EMPLOYER I.D. NO.	- ANNIA ACCOUNT NOMBER	fraction thereof for late payment
		5 Penalty at 10% for each month, or fraction thereof for late payment
		6 Total (include interest and penalty due)
		If no wages paid this Quarter mark NONE and return this form with explanati MAKE CHECK PAYABLE FOR THE YEAR
		AND MAIL THIS FORM TO: CITY OF PARMA DIV. OF TAX P.O. BOX 94734
		CLEVELAND, OHIO 44101-4734 RETURN WITH PAYMENT
I certify that the information and stat	ON OF TAXATION EMPLOYER'S QUARTERL ements contained herein, and in any schedules or exhibits attack	
true and correct. (SIGNED)	DATE	\$@ 2% Less Amount Previously Paid in for
<u>, </u>		This Quarter
TITLE (Pres. Treasurer, Partner, etc.)	FOR QUARTER ENDING	Adjustment of Tax For Prior Quarter
FEDERAL EMPLOYER I.D. NO	PARMA ACCOUNT NUMBER	Interest at 1 1/2% for each month or fraction thereof for late payment
		Penalty at 10% for each month, or fraction thereof for late payment
		6 Total (include interest and penalty due)
		If no wages paid this Quarter mark NONE and return this form with explanati TAXPAYER'S COPY FOR THE YEAR
		RETAIN FOR YOUR RECORDS YOU WILL NOT RECEIVE ANY VALIDATION

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